

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09783101**

FILING DATE  
**2/15/01**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*3rd Ammt		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52	1					
3		1		1		1	2 53		1				
4		1		1		1	3 54						
5		1		1		1	4 55						
6		1		1		1	5 56						
7		1		1		1	6 57						
8		1		1		1	7 58						
9		1		1		1	8 59						
10		1		1		1	9 60						
11		1		1		1	10 61						
12		1		1		1	11 62						
13		1		1		1	12 63						
14		1		1		1	13 64						
15		1		1		1	14 65						
16	1						15 66						
17		1					16 67						
18	1						17 68						
19	1						18 69						
20		1					19 70						
21		1					20 71						
22	1						21 72						
23		1					22 73						
24		1					23 74						
25							24 75						
26							25 76						
27							26 77						
28							27 78						
29							28 79						
30							29 80						
31							30 81						
32							31 82						
33							32 83						
34							33 84						
35							34 85						
36							35 86						
37							36 87						
38							37 88						
39							38 89						
40							39 90						
41							40 91						
42							82						
43							93						
44							84						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5		4		4		TOTAL IND.	4					
TOTAL DEP.	19		12		12		TOTAL DEP.	12					
TOTAL CLAIMS	24		16		16		TOTAL CLAIMS	16					

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